

## Supplemental Application Data Sheet

### Application Information

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	METHOD FOR AUTORISING MANDATES OF PAYMENT BY CREDIT CARDS AND RELATED APPARATUSES
Attorney Docket Number::	2520-1070
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	6
Small Entity?::	<del>No</del> <u>YES</u>
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: PIERO  
Middle Name::  
Family Name:: PROTTI  
Name Suffix::  
City of Residence:: ROMA  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing VIA VITTORIA, 73  
Address::  
City of Mailing Address:: ROMA  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: I-00187

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/IT2004/000357	6/21/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
ITALY	RM2003A000311	6/23/03	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::